Approved for use through 05/31/2003. OMB 0651-0032
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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	Marek's Disease Virus Vaccine					
As the below named inventor(s), I/we declare that:						
This declaration is directed to:						
×	The attached application, or					
	Application No, filed on,					
*	Application No, filed on, (if applicable);					
	I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;					
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;						
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF IN	VENTOR(S)					
Inventor one: Sar	njay M. Reddy					
Signature:	Citizen of: US					
Inventor two: Blan	nca M. Lupiani					
Signature:	Citizen of: US					
Inventor three: Ric	chard L. Witter					
Signature:	Citizen of: US					
Inventor four:						
Signature:	Citizen of:					
☐ Additional invento	rs are being named on additional form(s) attached hereto.					

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 11/30/2005. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Application Number	New		
		Filing Date	July 21, 2003		
		First Named Inventor	Sanjay M. Reddy		
		Title	Marek's Disease Virus Vaccine		
		Art Unit			
t · · ·		Examiner Name	- W		
		Attorney Docket Number	0167.03		
I hereby appoint: ☐ Practitioners at C OR ☐ Practitioner(s) na	Customer Number	25712			
	Name	Registration	n Number		
as my/our attorn	ey(s) or agent(s) to prosecu Jnited States Patent and Tra	te the application identified ademark Office connected	l above, and to transact all therewith.		
	orrespondence address for ioned Customer Number.	the above-identified applic	ation to:		
□Firm <i>or</i> Individual Name					
Address					
Address					
City		State	Zip		
Country					
Telephone		Fax			
l am the: ☑ Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name	Sanjay M. Reddy				
Signature					
Date					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
☐ *Total of3 forms are submitted.					
This collection of information is	required by 37 CFR 1.31 and 1.33. The	information is required to obtain or re	tain a benefit by the public which is to file (and by		

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Please type a plus sign (+) inside this box PTO/SB/81 (05-03)

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		Application Number	New			
DOWED OF	ATTORNEY OR	Filing Date	July 21, 2003			
		First Named Inventor	Sanjay M. Reddy			
AUTHORIZA	TION OF AGENT	Title	Marek's Disease Virus Vaccine			
•		Art Unit				
•	· · · · · · · · · · · · · · · · · · ·	Examiner Name				
		Attorney Docket Number	0167.03			
I hereby appoint: ☑ Practitioners at (Customer Number					
OR Practitioner(s) named below:			***			
	Name	Registration	n Number			
	ney(s) or agent(s) to prosecu					
_	correspondence address for tioned Customer Number.	the above-identified applic	cation to:			
DFirm or Individual Name		á	9			
Address			· · · · · · · · · · · · · · · · · · ·			
Address						
City		State	Zip ,			
Country						
Telephone		Fax				
I am the: ☑ Applicant/Invent	or.					
☐ Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record Name Blanca M. Lupiani						
Signature	Bianca in. Cupiani					
Date		· · · · · · · · · · · · · · · · · · ·				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
★Total of 3 for a for	ms are submitted.	,				
his collection of information is	required by 37 CFR 1.31 and 1.33. The	information is required to obtain or re	tain a benefit by the public which is to file (and by			

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		Filing Date	New		
POWER OF	ATTORNEY OR	First Named Inventor	July 21, 2003 Sanjay M. Reddy		
AUTHORIZATION OF AGENT		Title	Marek's Disease Virus Vaccine		
	*	Art Unit			
	***	Examiner Name			
	*	Attorney Docket Number	0167.03		
I hereby appoint: ☑ Practitioners at 0 OR □ Practitioner(s) no	Customer Number amed below:	25712			
	Name	Registratio	n Number		
	ey(s) or agent(s) to prosecu Jnited States Patent and Tra				
	orrespondence address for tioned Customer Number.	the above-identified applic	ation to:		
□Firm <i>or</i> Individual Name	*		×		
Address					
Āddress					
City		State	Zip		
Country					
Telephone		Fax			
I am the: ☑ Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name	Richard L. Witter				
Signature					
Date		:			
	the inventors or assignees of re more than one signature is requ		eir representative(s) are required.		
★Total of 3 form	ns are submitted.				

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